



Patent Docket P1729C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<p>Application of</p> <p>Martin Bednar et al.</p> <p>Serial No.: 09/811,384</p> <p>Filed: 20 December 2000</p> <p>For: Co-administration of a Thrombolytic and an anti-CD18 Antibody</p>	<p>Group Art Unit: Not Yet Assigned</p> <p>Examiner: not assigned</p> <div data-bbox="803 472 1421 718"><p>CERTIFICATE OF MAILING</p><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner of Patents, Washington, D.C. 20231 on</p><p>June 11, 2001</p><p><i>Yvonne E. Carter</i></p><p>Yvonne E. Carter</p></div>
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**Declaration by Legal Representative of Cordell E. Gross
in Accordance with 37 C.F.R. § 1.42**

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

The declaration of Cordell E. Gross, deceased, is made by Linda J. Gross, Executrix, in accordance with 37 C.F.R. 1.42. The declaration is accompanied by the following documents evidencing the capacity of Linda G. Gross as legal representative:

- I. Certificate of Appointment of Linda J. Gross as the Executrix of the Estate of Cordell E. Gross, deceased.
- II Certification of Death

Please consider and enter the accompanying documents into the file history of the captioned application.

Respectfully submitted,
GENENTECH, INC.

Date: June 11, 2001

By: *Richard B. Love*
Richard B. Love
Reg. No. 34,659
Telephone No. (650) 225-5530



09157

STATE OF VERMONT
DISTRICT OF CHITTENDEN, SS.

PROBATE COURT
DOCKET NO. 29078

IN RE: ESTATE OF CORDELL E. GROSS

CERTIFICATE OF APPOINTMENT

I, Judith A. Joly, Register of the Probate Court for the District of Chittenden, having by law the custody of the seal, records and files of the court, certify that the Probate Court held in Burlington on the 27th day of June 2000 did appoint LINDA J. GROSS of Williston, Vermont as the Executrix of the Estate of CORDELL E. GROSS, late of Williston, Vermont in said District, deceased; that LINDA J. GROSS accepted the trust, and gave bond for faithful performance thereof, as required by the laws of Vermont; and the appointment has never been revoked, but remains in full force, as by the records of the court appears.

IN TESTIMONY WHEREOF, I hereunto affix the seal of said Court and subscribe my name at Burlington, in said District, this 27th day of June 2000.



Judith A. Joly
Register

CERTIFICATION OF VITAL RECORD

STATE OF VERMONT

NAME KNOWN TO PHYSICIAN

DH-PHS-DTH-89C

DEPARTMENT OF HEALTH VERMONT CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

057

OR PRINT
BLACK INK

DECEDENT

CAUSE OF DEATH (Type or Print)

CERTIFIER

DISPOSITION

1. DECEDENT'S NAME (First, Middle, Last) CORDELL E GROSS		2. SEX M		3. DATE OF DEATH (Month, Day, Year) 04/03/2000	
4. SOCIAL SECURITY NUMBER 262-56-7429		5a. AGE (Yrs.) 57		5b. UNDER 1 YEAR Months: _____ Days: _____	
6. DATE OF BIRTH (Mo., Day, Yr.) 05/02/1942		5c. UNDER 1 DAY Hours: _____ Minutes: _____			
7. BIRTHPLACE (City and State or Foreign Country) Hartford, CT		8. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): _____			
9. FACILITY NAME (If not institution, give street and number) 290 LEDGEWOOD DR.		10. CITY OR TOWN OF DEATH WILLISTON		11. VETERAN? (If so, what war?) NO	
12. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Linda Joslyn		14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do not use retired) Doctor	
15. KIND OF BUSINESS / INDUSTRY Hospital					
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) _____ College (1-4 or 5+) 5+		17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____		18. RACE — White, Black, American Indian, etc. (Specify) White	
19. RESIDENCE—STATE Vermont		20. CITY, TOWN, OR LOCATION Williston		21. MAILING ADDRESS (Street, City or Town, State, Zip Code) 290 LedgeWood Drive, Williston, VT 05495	
22. FATHER'S NAME (First, Middle, Last) Wayne B. Gross		23. MOTHER'S NAME (First, Middle, Maiden Surname) Vivien McBairty			
24a. INFORMANT'S NAME (Type-Print) Linda J. Gross		24b. MAILING ADDRESS (Street, City, or Town, State, Zip Code) 290 LedgeWood Dr., Williston, VT 05495			
25. PART 1. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CA COLON DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death 3 1/2 YR
PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. NO					26a. WAS AN AUTOPSY PERFORMED? (Yes or No) NO
26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO					
27a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undet <input type="checkbox"/> Pending		27b. DATE OF INJURY (Month, Day, Year)		27c. HOUR	
27d. INJURY AT WORK (Specify Yes or No)		27e. PLACE OF INJURY At Home, Farm, Factory, Street, Office Bldg., etc. (Specify)		27f. LOCATION (Street, or R.F.D. No., City or Town, State)	
27g. HOW DID INJURY OCCUR? (Enter nature of injury in Part 1 or Part 2)					
28a. DATE SIGNED (Mo., Day, Yr.) 4/4/00		28b. HOUR OF DEATH 11:05 AM		29c. PRONOUNCED DEAD ON: (Date) (Time) 4/3/00 11:30 AM	
28b. NAME AND ADDRESS OF CERTIFIER (Type or Print) STEVEN CRUMBERG MD, BURLINGTON, VERMONT		30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			
31a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): _____		31b. PLACE OF TEMPORARY STORAGE (Cemetery, City or Town, State)		31c. PLACE OF FINAL DISPOSITION (Cemetery or Crematory, City or Town, State) Adirondack-Burlington South Burlington, VT	
32a. SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED PERSON [Signature]		32b. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Ready Funeral Home 261 Shelburne Rd., Burlington, VT 05401		33. DATE OF DISPOSITION (Month, Day, Year) 04/05/2000	
34a. REGISTRAR — Signature [Signature]		34b. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) April 4, 2000		35a. TRUE COPY	
35b. TOWN		35c. DATE (Month, Day, Year)			

THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AND PLACED ON FILE IN THIS OFFICE.

PLACE ISSUED Williston

ATTEST: Kathryn K Barden
asst clerk

DATE ISSUED: April 4, 2000

This copy not valid unless prepared on engraved border displaying State Seal.

